



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
DIVISION OF SPECIAL EDUCATION
REQUEST FOR REIMBURSEMENT FOR HOMEBOUND SERVICES

P.O. BOX 480
JEFFERSON CITY, MISSOURI 65102

1. NAME AND ADDRESS OF LEA OR FISCAL AGENT		2. COUNTY/DISTRICT CODE
3. NAME OF PERSON COMPLETING FORM	4. TELEPHONE NUMBER ()	5. SCHOOL YEAR

INSTRUCTIONS:

List in alphabetical order (last name first) the names of all students, each student's age, and the number of weeks each student received homebound services. **DO NOT INCLUDE SUMMER SCHOOL OR EXTENDED SCHOOL YEAR SERVICES.**

NAME OF STUDENT	AGE	NUMBER OF WEEKS WITH 5 HOURS OR MORE OF INSTRUCTION	NAME OF STUDENT	AGE	NUMBER OF WEEKS WITH 5 HOURS OR MORE OF INSTRUCTION
1.			23.		
2.			24.		
3.			25.		
4.			26.		
5.			27.		
6.			28.		
7.			29.		
8.			30.		
9.			31.		
10.			32.		
11.			33.		
12.			34.		
13.			35.		
14.			36.		
15.			37.		
16.			38.		
17.			39.		
18.			40.		
19.			41.		
20.			42.		
21.			43.		
22.			44.		

Certification (each form must be signed)

I certify that the data contained on this application accurately reflects students provided Homebound Services in accordance with the program requirements contained in the **State Plan for Part B of IDEA**.

SUPERINTENDENT SIGNATURE	DATE
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